

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 332  
Registered No. 314

E OF BIRTH

Gila

State

or Township

Miami

or Village

No. 714 Surf Club St St. — Ward —  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Jose Garcia

(If child is not yet named, make supplemental report, as directed.)

Sex of Child

male

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

yes

7. Date  
of birth 7-6-29  
Month Day Year

5. No., in order of birth

8. FATHER

Full name Cipriano Garcia

9. Residence  
(Usual place of abode) Miami  
Ariz

If non-resident, give place and state.

10. Color or race

Mex

11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Zacatecos  
(State or country) Mexico

13. Occupation Miner

Nature of Industry Copper Mining

14. MOTHER

Full maiden name Maria Remon

15. Residence  
(Usual place of abode) Miami  
Ariz

If non-resident, give place and state.

16. Color or race

Mexican

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Jalisco  
(State or country) Mexico

19. Occupation Housewife

Nature of Industry —

20. Number of children of this mother 7

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living 6

(b) Born alive but now dead 1

(c) Stillborn —

21. Were precautions taken against oph-  
thalmia neonatorum?

not alive

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Stillborn at 11 p m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

L. A. Lane  
Physician  
(Physician or midwife.)

Given name added from  
a supplemental report

Month, day, year

Address M.D. Hospital Miami

Filed July 15, 1929 Lo. S. Jones  
Registrar

Registrar